

(b)(3),(b)(6)

07I92T086

(75

[Redacted]

(b)(6)

Pay 2A 30 Jul 07

paid SP 4 Aug 07

USARCS 4 Aug 07 By Sgt

SP

[Redacted] (3),(b)

(b)(3)(b)(6)

28 Aug 07

CLAIM FILE CHECKLIST

(b)(2)High, (b)(3)(b)(6)

CLAIM NUMBER: . . . . .  
CLAIMANT'S NAME: (b)(6) AMOUNT OF CLAIM: \$ 23,200  
DATE OF INCIDENT: 20 Sep 06 DATE FILED: DATE RECEIVED:

CLAIM TYPE:  
 Vehicle Damage       Detainee Property       Damage During Raids  
 SAF Damage/Injury       Real Estate       Other DEATH  
CLAIM AROSE FROM:  
 Combat Activities       Non-combat Activities  
CLAIM IS:  
 Payable       Not Payable

BRIEF OVERVIEW: Claimant states that while her husband was driving home a Stryker came down the wrong way and ran over his vehicle and killed him.

REMARKS:  
Recommend Approval / Denial \$ 15,000

REVIEWED BY: SGT (b)(3),(b)(6) (b)(3),(b)(6) DATE REVIEWED: 16 Jul 07

FCC COMMENTS  
Approve \$15,000  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DATE APPROVED/DENIED: 29 July 2007

- DENIED
- Denial Memo
- APPROVED
- Amount Approved: \$15,000
- Approval Memo
- Settlement Agreement
- SF 1034
- Disbursing Officer Memo

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 15th FINANCE BATTALION APO AE 09352</b>			DATE VOUCHER PREPARED 1 August 2007		SCHEDULE NO.		
PAYEE'S NAME AND ADDRESS  [ (b)(6) ] [ BAHBLAD, IRAQ ]			CONTRACT NUMBER AND DATE		PAID BY <b>15th FIN BN 3rd FIN, 3rd SSB APO AE 09352 DSSN 5579</b>		
			REQUISITION NUMBER AND DATE				
			SHIPPED FROM		TO	WEIGHT	GOVERNMENT B/L NUMBER
			NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE COST PER
		<b>FOREIGN CLAIMS NUMBER 07-192-T086 VEHICLE DAMAGE AND DEATH</b>			15,000.00		
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL					15,000.00		
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL		= \$ 15,000.00	= \$1.00				
<input checked="" type="checkbox"/> COMPLETE		BY 2					
<input type="checkbox"/> PARTIAL		CPT [ (b)(3),(b)(6) ]		Amount verified: correct for 15,000.00			
<input type="checkbox"/> FINAL		TITLE		(\$ [ (b)(3),(b)(6) ])			
<input type="checkbox"/> PROGRESS		<b>FOREIGN CL.</b>					
<input type="checkbox"/> ADVANCE		Pursuant to authority vested in me, I certify that [ (b)(3),(b)(6) ] is authorized to receive payment.					
4 August 2007 <i>(date)</i>				<b>CLAIMS PAYING AGENT</b> <i>(Title)</i>			
ACCOUNTING CLASSIFICATION							
ACCOUNT CLASSIFICATION NUMBER [ (b)(2)High ]							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		PAYEE 3			
	\$ 15,000.00	4 August 2007		[ (b)(6) ]			
<sup>1</sup> When stated in foreign currency, insert name of currency. <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary;" or "Treasurer," as the case may be.					TITLE		

Previous edition usable **PRIVACY ACT STATEMENT** NSN 7540-00-900-2234  
 The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation. **USAPA V4 00**



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
BRIGADE OPERATIONAL LAW TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOB FALCON, BAGHDAD, IRAQ  
APO AE 09361

FCC I92

4 August 2007

CLAIM OF: (b)(6)  
CLAIM NUMBER: 07-I92-T086

Dear Sir:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) I92 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC I92 offers you \$15,000.00 to settle your claim.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of signing this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

(b)(3),(b)(6)

CPT, U.S. Army  
FCC I92



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOREIGN CLAIMS COMMISSION  
FOB FALCON, IRAQ  
APO AE 09361

FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT

I,  of **Baghdad, Iraq**, hereby agree to accept the sum of **\$15,000.00** (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 20 September 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** caused by coalition forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from a raid conducted by US Forces on 20 September 2006.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10, U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this 4<sup>th</sup> day of August 2007, at Baghdad, Iraq.

Claimant Signature

Name:

Address: Section:

Street:

House:

Baghdad, Iraq

Wit

Wit



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
BRIGADE OPERATIONAL LAW TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOB FALCON, BAGHDAD, IRAQ  
APO AE 09361

AFZN-BC-JA

Claim of (b)(6) 07-I92-T086

ACTION

1. Facts: Claimant states that on 20 September 2006, US Forces ran over her husbands vehicle and killed him.
2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. The incident must have occurred outside the United States and not be the result of combat activities. Based on my review of this claim, I approve the claim and offer payment.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: Pay this claim in the amount of \$15,000.00.

(b)(3),(b)(6)

CPT, JA  
FCC 192



Page 9 redacted for the following reason:  
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Previously Released

Claims Form

Foreign Language

Name:

(b)(6)

Foreign Language

Address

Phone Number

(b)(6)

I am

a. A national citizen of:

Iraq

Foreign Language

b. A permanent resident of:

The above address

Foreign Language

c. Employed by:

Foreign Language

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

A-1-14 CAV

أنتي أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من: (المنظمة، الوحدة العسكرية)

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

Death of her husband  
Car damage too

الممتلكات المتضررة مملوكة من: (إذا كان عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابات أو الأضرار التي أصابتهم.)

My claim arose at:

Karrad Alsharqa Baghdad - Iraq

(Town)

(City)

(Country)

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

My claim arose on: Sep 20 2006  
Month Day Year

تظننى قدم لى: \_\_\_\_\_  
شهر يوم السن

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

The claimant said that while her husband was driving his vehicle coming back to his home - he encountered

باختصار اشرح ما حدث والاضرار التي اصابتك جراء ذلك ، سواء كانت جسدية او ممتلكات . (الرجاء استعمال خلفية هذه الورقة ان لم تكن الاسطر لتكنى)

American stryker coming on adverse direction and run over the vehicle caused a fatal accident and he killed - car damaged.

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury; (Attach bills and receipts, if applicable.)

Item	Amount
Death of her husband	1912000
car damaged	511200
Total: 23200	

اشرح بالتفصيل متى تضرر والكلفة للممتلكات او للإصابات الجسدية وتكلفتها (الرجاء اضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لوحدته)

الشئ المتضرر	تكلفته
إجمالي التكلفة: _____	

I was insured to the following extent against the damage or injury I have sustained:

In Surance

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 23 200

I.D. 29 000 000 -

أطالب بتعويض للأضرار، إذا كان، (اكتب بالدينار الأمريكي أو العملة المحلية)

Foreign Language Text

العملة المحلية

Foreign Language Text

\$

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قلت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لمسح علمي طلب تعظيم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التعظيم فإن تقسم على أن كل المعلومات المقدمة في هذا التعظيم هي صحيحة وحقيقية. أي شخص يحاول تقديم تعظيم كاذب أو مختلق أو يزور التعظيم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التعظيم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 29 day of July, 2007.

(Signature of Witness)

(Printed Name)

CLAIMS  
SUPPORTING  
DOCUMENTS  
CHECKLIST

(b)(2)High

Page 14 redacted for the following reason:  
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Previously Released

Claims Form



Name: \_\_\_\_\_

Foreign Language, (b)(6)

الاسم:

Address: \_\_\_\_\_

العنوان:

I am

a. A national citizen of: \_\_\_\_\_

Foreign Language, (b)(6)

أنا  
أ. أحمّل جنسية:

b. A permanent resident of: \_\_\_\_\_

ب. عنواني الدائم:

c. Employed by: \_\_\_\_\_

ت: أعمل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

Foreign Language

The property damaged is owned by: (If the claim is made as an agent, partner, or beneficiary, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابهم.)

My claim arose at: \_\_\_\_\_

(Town)

(City)

(Country)

Foreign Language

Same form in English

I was insured to the following extent against the damage or injury I have sustained:

\_\_\_\_\_

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

\_\_\_\_\_

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ \_\_\_\_\_ I.D. \_\_\_\_\_

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

\_\_\_\_\_ \$ العملة المحلية \_\_\_\_\_

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تعظم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التعظم فإن تقسم على أن كل المعلومات المقدمة في هذا التعظم هي صحيحة وحقيقية. أي شخص يحاول تقديم تعظم كاذب أو يزور التعظم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

Foreign Language, (b)(6)

(توقيع التعظم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

(Signature of Witness)

(Printed Name)



My claim arose on: \_\_\_\_\_  
Month Day Year

Foreign Language \_\_\_\_\_

تظلمى قدم فى:

المن شهر يوم

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based, (Use back of this sheet if necessary.)

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باختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

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List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury; (Attach bills and receipts, if applicable.)

<u>Item</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total: _____	

أشرح بالتفصيل متى تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لوحدته)

<u>تكلفته</u>	<u>الشرح المتضرر</u>
_____	_____
_____	_____
_____	_____
إجمالي التكلفة: _____	

Foreign Language, (b)(6)

the statement

to the claimant her husband killed by  
vehicle accident, she asked compensation for her husband

Foreign Language, (b)(6)

The paper confirm the vehicle  
belong to the family  
they brought it in

Foreign Language

(b)(6)

Foreign Language, (b)(6)

Foreign Language, (b)(6)

Foreign Language Text, (b)(6)

The wit  
acciden  
down

Foreign Language Text, (b)(6)

The  
wrote

Foreign Language

The claimant went to complain to the U.S.A. in police center because they killed her husband when the trucker crashed and run over his vehicle.

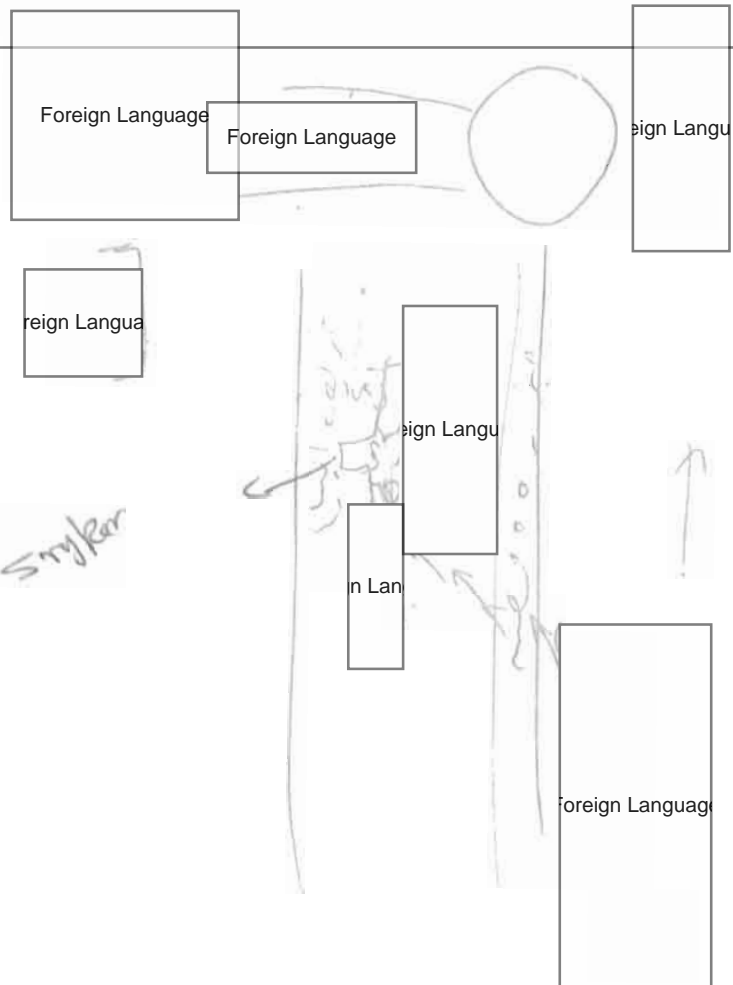
Foreign Language, (b)(6)

Foreign Language, (b)(6)

(b)(6), Foreign Language

Foreign Language

(b)(6), Foreign Language



(b)(6), Foreign Language

The claimant asking the police -  
her copy of the hard drive document

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language

Foreign Language

Foreign Language, (b)(6)

Foreign Language

ble Text, Nonrespo

Foreign Language

*The report from hospital the cause of  
the death were bleeding stroke/*



(b)(6), Foreign Language

DEATH CERTIFICATE

Illegible, (b)(6), Foreign Language

Foreign Language, Illegible, (b)(6)

MULTINATIONAL DIVISION - BAGHDAD

### IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

Fill out the required information below.

1. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
2. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
3. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT A-1-14 CAU  
 DATE 20 Dec 05  
 LOCATION AL-Bayda  
 TYPE OF INCIDENT Accident

MULTINATIONAL DIVISION - BAGHDAD

### IRAQI CLAIM CARD

استمارة تقديم رخصة التوريق

أخي المواطن الكريم، مقابلي الأضرار التي لحقت بك، سواء كانت أضراراً جسيمة من إصابات أو أضراراً أخرى، أو موت لا سمح الله لأحد من أفرادك، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض. للتقدم ببلاغ وللمطالبة بمطالك الرجاء إحضار الآتي: هذه البطاقة وهوونك الشخصية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للعائدات، شهادة الشهود، تقرير الشرطة، ووسائل بالإستلام أو التسجيل، واثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستندات إلى مركز المساعدة العراقي في معسكر التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، العمودية في معسكر هادي، معسكر حوزك، معسكر كالمو، معسكر دوك أو أحد المراكز الحكومية، الثورة أو مدينة الصدر في نيمان الرشيد، الرضوية، الرضاة، الأمانات، الكرخ الأنظمة الكرادة أو سبع البور.

ملاحظة: يمكنك طلب قارش (المستند) كإحدى السلع المؤقتة.

وشكراً لتعاونكم معنا

Foreign Language, (b)(6)

Foreign Language, (b)(6)

Foreign Language, (b)(6)

Foreign Language

Foreign Language, (b)(6)

(b)(6)

(b)(6), Foreign Language





(b)(6)

Nonresponsive, (b)(6)  
(b)(6)



Nonresponsive, (b)(6)

Foreign Language



CENTCOM 020011  
26826

07-192-T086-00035



CENTCOM 020012  
26827

07-192-T086-00036



CENTCOM 020013  
26828

07-192-T086-00037



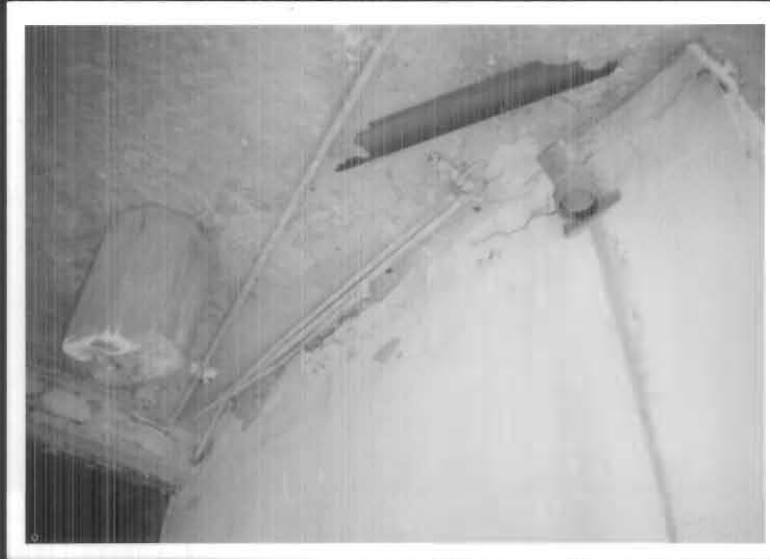
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07-192-T086-00038



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26830

07-192-T086-00039



CENTCOM 020016  
26831

07-192-T086-00040





CENTCOM 020017  
26832

07-192-T086-00041



CENTCOM 020018  
26833

07-192-T086-00042



CENTCOM 020019  
26834

07-192-T086-00043



CENTCOM 020020  
26835

07-192-T086-00044



CENTCOM 020021  
26836

07-192-T086-00045



CENTCOM 020022  
26837

07-192-T086-00046



CENTCOM 020023  
26838

07-192-T086-00047



CENTCOM 020024  
26839

07-192-T086-00048





CENTCOM 020025  
26840

07-192-T086-00049



CENTCOM 020026  
26841

07-192-T086-00050



CENTCOM 020027  
26842

07-192-T086-00051



CENTCOM 020028  
26843

07-192-T086-00052



CENTCOM 020029  
26844

07-192-T086-00053



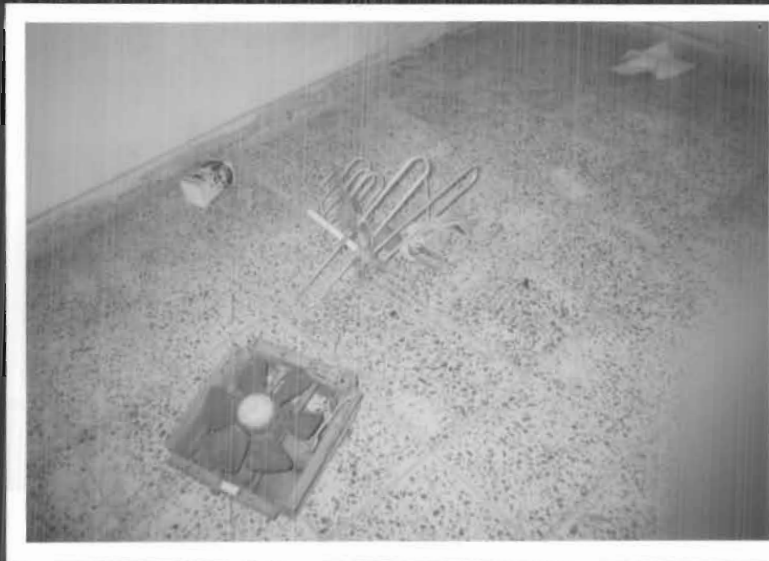
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26845

07-192-T086-00054



CENTCOM 020031  
26846

07-192-T086-00055



CENTCOM 020032  
26847

07-192-T086-00056





CENTCOM 020033  
26848

07-192-T086-00057



CENTCOM 020034  
26849

07-192-T086-00058



CENTCOM 020035  
26850

07-192-T086-00059



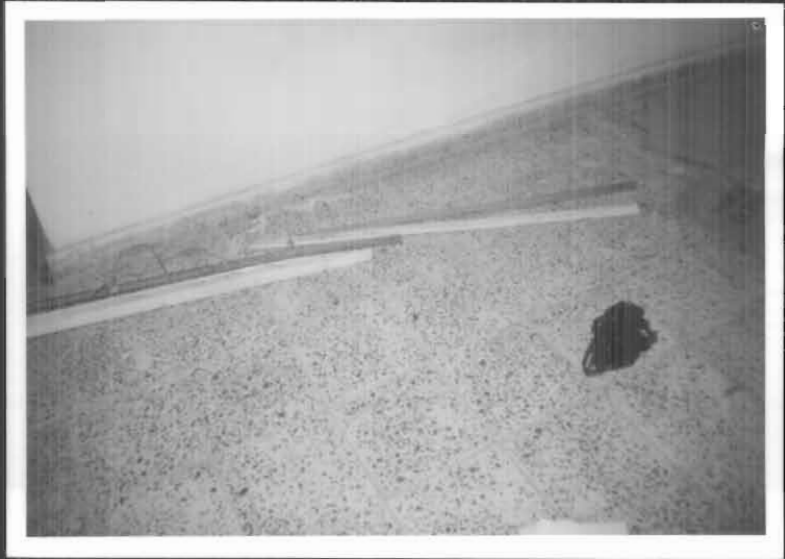
CENTCOM 020036  
26851

07-192-T086-00060



CENTCOM 020037  
26852

07-192-T086-00061



CENTCOM 020038  
26853

07-192-T086-00062



CENTCOM 020039  
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